

116TH CONGRESS  
2D SESSION

# S. 3809

To require the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

---

IN THE SENATE OF THE UNITED STATES

MAY 21, 2020

Mr. BLUMENTHAL (for himself and Mr. Kaine) introduced the following bill; which was read twice and referred to the Committee on Armed Services

---

## A BILL

To require the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

1       *Be it enacted by the Senate and House of Representa-*

2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Military Moms’ Mental

5       Health Assessment Act”.

1     **SEC. 2. COMPTROLLER GENERAL STUDY ON PRENATAL**  
2                 **AND POSTPARTUM MENTAL HEALTH CONDI-**  
3                 **TIONS AMONG MEMBERS OF THE ARMED**  
4                 **FORCES AND THEIR DEPENDENTS.**

5         (a) FINDINGS.—Congress makes the following find-  
6         ings:

7                 (1) In 2018, 52,535 members of the Armed  
8         Forces and their dependents gave birth at military  
9         medical treatment facilities or civilian hospitals  
10         where the Department of Defense purchased care.

11                 (2) Members of the Armed Forces and military  
12         spouses often give birth alone due to deployments or  
13         training exercises that prevent their birthing partner  
14         from being present during childbirth.

15                 (3) Members of the military community are  
16         sometimes uniquely isolated from their support net-  
17         works due to frequent permanent changes of station  
18         or during deployments.

19                 (4) Social isolation and frequent moves can im-  
20         pact mental health outcomes of pregnant members  
21         of the Armed Forces or military spouses, while also  
22         interrupting the continuity of mental health care or  
23         other medical care.

24                 (5) Some studies have concluded that women  
25         with deployed spouses show high stress levels and in-  
26         creased risk for prenatal and postpartum mood dis-

1       orders, including depression, which may explain ad-  
2       verse birth outcomes.

3             (6) According to the American College of Ob-  
4       stetricians and Gynecologists, deployment status is  
5       strongly associated with an increased risk of depres-  
6       sion during pregnancy and the postpartum period.

7             (7) The Department of Defense determined  
8       that pregnant members of the Armed Forces and  
9       veterans more commonly experience mental health  
10      issues than nonpregnant members of the Armed  
11      Forces and veterans and pregnant women in the  
12      general population.

13            (8) Some studies have indicated that minority  
14      women in the civilian community are more likely to  
15      experience prenatal and postpartum mood disorders,  
16      but that minority women are less likely to seek or  
17      receive treatment, and there are troubling racial and  
18      ethnic disparities in the initiation and continuation  
19      of prenatal and postpartum mental health care.

20           (9) Despite some studies regarding prenatal  
21      care, postpartum health, and social support during  
22      pregnancy and child birth among the military com-  
23      munity, those studies have been limited in scope,  
24      and there is little research related to prenatal and  
25      postpartum mental health conditions and mental

1       health care among military spouses and active duty  
2       members of the Armed Forces to support policy re-  
3       forms.

4                 (10) Members of the Armed Forces and mili-  
5       tary spouses might refrain from seeking mental  
6       health care due to stigma and fear of potential re-  
7       percussions on employment or career progression.

8                 (b) SENSE OF CONGRESS.—It is the sense of Con-  
9       gress that—

10                 (1) members of the military community, includ-  
11       ing members of the Armed Forces and military  
12       spouses, are vulnerable to prenatal and postpartum  
13       mental health conditions given the unique challenges  
14       those individuals face due to frequent deployments  
15       and permanent changes of station;

16                 (2) additional studies and research regarding  
17       prenatal and postpartum mental health conditions  
18       among members of the Armed Forces and military  
19       spouses are necessary to identify gaps in, and bar-  
20       riers to, mental health care provided to beneficiaries  
21       under the TRICARE program, including an assess-  
22       ment of issues such as stigma, negative career im-  
23       pact, and discrimination or retaliation against mem-  
24       bers of the Armed Forces and military spouses;

(A) experience prenatal and postpartum mood disorders at a higher rate;

(B) are more likely to experience racial and ethnic disparities in health care access; or

(C) are less likely to initiate or continue prenatal or postpartum mental health care; and

14 (c) STUDY.—

15                             (1) IN GENERAL.—The Comptroller General of  
16                             the United States shall conduct a study on prenatal  
17                             and postpartum mental health conditions among  
18                             members of the Armed Forces and dependents of  
19                             such members.

20                   (2) ELEMENTS.—The study required under  
21               paragraph (1) shall include the following:

22 (A) An assessment of the extent to which  
23 beneficiaries under the TRICARE program, in-  
24 cluding members of the Armed Forces and de-  
25 pendents of such members, are diagnosed with

1 prenatal or postpartum mental health condi-  
2 tions, including—

3 (i) prenatal or postpartum depression;  
4 (ii) prenatal or postpartum anxiety  
5 disorder;

6 (iii) prenatal or postpartum obsessive  
7 compulsive disorder;

8 (iv) prenatal or postpartum psychosis;  
9 and

10 (v) other relevant mood disorders.

11 (B) A demographic assessment of the pop-  
12 ulation included in the study with respect to  
13 race, ethnicity, sex, age, relationship status,  
14 military service, military occupation, and rank,  
15 where applicable.

16 (C) An assessment of the status of pre-  
17 natal and postpartum mental health care for  
18 beneficiaries under the TRICARE program, in-  
19 cluding those who seek care at military medical  
20 treatment facilities and those who rely on civil-  
21 ian providers.

22 (D) An assessment of the ease or delay for  
23 beneficiaries under the TRICARE program in  
24 obtaining treatment for prenatal and

1                   postpartum mental health conditions, includ-  
2                   ing—

3                         (i) an assessment of wait times for  
4                         mental health treatment at each military  
5                         medical treatment facility; and

6                         (ii) a description of the reasons such  
7                         beneficiaries may cease seeking such treat-  
8                         ment.

9                         (E) A comparison of the rates of prenatal  
10                         or postpartum mental health conditions within  
11                         the military community to such rates in the ci-  
12                         villian population, as reported by the Centers for  
13                         Disease Control and Prevention.

14                         (F) An assessment of any effects of im-  
15                         plicit or explicit bias in prenatal and  
16                         postpartum mental health care under the  
17                         TRICARE program, or evidence of racial or so-  
18                         cioeconomic barriers to such care.

19                         (3) REPORT.—Not later than one year after the  
20                         date of the enactment of this Act, the Comptroller  
21                         General shall submit to the congressional defense  
22                         committees a report on the findings of the study  
23                         conducted under paragraph (1), including—

24                         (A) recommendations for actions to be  
25                         taken by the Secretary of Defense to improve

1 prenatal and postpartum mental health among  
2 members of the Armed Forces and dependents  
3 of such members; and

4 (B) such other recommendations as the  
5 Comptroller General determines appropriate.

6 (d) DEFINITIONS.—In this section:

7 (1) CONGRESSIONAL DEFENSE COMMITTEES.—  
8 The term “congressional defense committees” has  
9 the meaning given that term in section 101(a)(16)  
10 of title 10, United States Code.

11 (2) DEPENDENT; TRICARE PROGRAM.—The  
12 terms “dependent” and “TRICARE program” have  
13 the meanings given those terms in section 1072 of  
14 such title.

